

MILITARY GOVERNMENT
OF GERMANY

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PUBLIC HEALTH AND
MEDICAL AFFAIRS

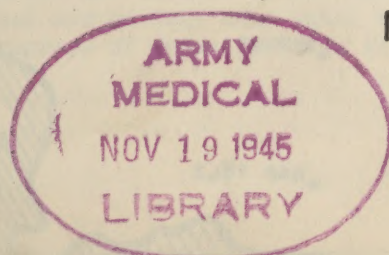


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MONTHLY REPORT OF MILITARY GOVERNOR

U.S. ZONE 20 OCTOBER 1945

NO. 3



Incl. a

Serial

Hilled military zone
Monthly report of military Governor



MEDICAL AND HEALTH AFFAIRS

SYNOPSIS

Progress in denazification continued despite difficulty in finding replacements qualified to assure adequate health services in some instances. Reestablishment of health services is generally satisfactory with many civilians cooperative. Incidence of respiratory diseases increased while venereal and enteric diseases decreased. Aggressive measures to prevent and control communicable diseases continue. The major problem is tuberculosis. Nutrition continues generally deficient with continued loss of weight most marked in civilians 40 and more years of age. Caloric reserves no longer exist. Animal diseases are under control. Progress in pasteurization of milk has been marked. Laboratory services for man and animal diseases have improved notably. Medical supplies have been adequate. Medical care to displaced persons continues generally satisfactory.

SECTION I

ORGANIZATION

MILITARY GOVERNMENT PERSONNEL

In the United States Zone 145 Military Government Medical Personnel distributed as shown in Table I directed the German civil and United Nations displaced persons public health administration. Current personnel and redeployment policies have resulted in an overall gain of nine individuals, leaving a shortage of seven, distributed as shown in Table II.

It is anticipated that 50 percent of Military Government medical personnel can be released by 1 January 1946, maintaining their functions by United States civilians and appointed German civilian authorities. Under the redeployment program 65 of the 145 personnel now on duty could return to the United States by 1 January 1946 and 105 by 1 April 1946.

The known distribution of German civil health personnel is shown in Table III.

The adequacy of German personnel, transport, or fuel for health operations is indicated in Table II. There are no surpluses. In the United States Sector of Berlin there are 694 doctors (one per 1,200 population), 250 dentists (one per 3,400 population) and 1,032 nurses (one per 800 population).

DENAZIFICATION

Obtaining denazification without impairment of health operations continues to be a tedious and hazardous function. The major problems are suitable interpretation of nominal categories, times at which their removals are mandatory, obtaining acceptable and qualified replacements and disposition of those removed. Table IV indicates that 1269 German health personnel have been removed, a gain of 1136 during September.

Of 301 Fragebogen distributed to veterinarians 275 have been vetted; 139 are acceptable, 136 unacceptable. 94 veterinary officials have been removed while 12 unacceptable officials remain on duty due to operational necessity. For example the Chief Veterinarian of Land Baden and the Director of the State Veterinary Laboratory of RB Kassel are on duty only until they can be suitably replaced. A general estimate of progress of denazification is presented in Table V.

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REESTABLISHMENT OF HEALTH SERVICES

Of 15 estimated as to political, professional and personal qualifications, German public health supervising officers following observations during September, are recorded in Table VI. Five of the nine acceptable ones are excellent and cooperative while three are outstanding possibilities for national appointments. One in each District is uncooperative, necessitating two suitable replacements. Distribution and estimated qualifications of 230 German health officers shown in Table VII reveal that only 12 Kreis health offices, or five percent, are now vacant. 15 more German health officers were available in September than during August. Replacements are required for ten percent for political reasons and nine percent for professional reasons. 45 discharges during the month were for political and professional reasons. Appointments in the United States Zone are now made by German officials with Military Government approval. In Bavaria they must be confirmed by the Ministry of Health.

SECTION II

PREVENTIVE MEDICINE

ALLIED HEALTH COMMITTEE

A committee of the Directorate of Internal Affairs and Communications, Allied Control Authority, met on 12 September, 22 September, and 26 September 1945. It was noted that the Terms of Reference of the Committee had been approved by the Directorate, subject to minor amendments. A paper on the control of communicable diseases was agreed upon and forwarded to the Directorate for approval. Following approval and instructions to the Committee to implement the paper, a working party was established under the Health Committee, and is now studying the problems of implementation. Upon the recommendation of the American member a Welfare Subcommittee was established and instructed to draw up its Terms of Reference.

COMMUNICABLE DISEASES

Poor communications, and to a lesser degree, denazification still delay the system for reporting communicable diseases. Case rates show (Table VIII) that the most prevalent communicable diseases during August in order of priority were gonorrhea, diphtheria, pulmonary and laryngeal tuberculosis, typhoid fever, scabies, syphilis, scarlet fever, and infectious dysentery. In September their order was diphtheria, gonorrhea, scabies, tuberculosis, typhoid, scarlet fever, syphilis and dysentery. Of the foregoing in August 42 percent (46 in September) were of respiratory origin; 30 percent (25 in September) venereal; 16 percent (14 in September) enteric, and 12 percent (15 in September) skin surface origin. During September diphtheria, scabies, tuberculosis, typhoid fever increased, while gonorrhea, syphilis, scarlet fever and dysentery decreased. Estimates of the reasons for increases and decreases are withheld at this time. The weekly average of case rates for influenza during August was 2.5 (1.94 for September) compared with 1.04 for July.

Table IX reveals steady and rapid decline in prevalence and death rate of dysentery for the Berlin population. Table X shows a similar finding for typhoid-paratyphoid fever in Berlin. In all three diseases the case rates in the United States Sector are notably lower than for all of Berlin. Measures were implemented during September for preventing and controlling the most serious communicable diseases.

Immunization programs for diphtheria and typhoid fever continue. Typhoid immunization of the entire civil population in the United States Sector of Berlin has been pushed towards completion.

UNRRA has procured two million doses of typhus vaccine from the United States Typhus Commission for immunization of Displaced Persons in the United States Zone.

Delivery of an extra one million doses is expected soon, which with stocks

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now on hand, would provide enough for a series of three typhus inoculations to one million DP's. There are 672,000 DP's remaining in the United States Zone, with added numbers expected to enter assembly centers during the winter.

Inoculation of displaced children against diphtheria already has commenced and will be completed by mid-November. Enough material to inoculate 35,000 to 40,000 children has been drawn from German and American sources. Stocks sufficient to inoculate 50,000 additional children have been requested from American sources.

Adequate supplies of smallpox and typhoid vaccine are on hand and are being administered now by assembly center team doctors.

To reduce the incidence of enteric diseases salient features in the projected program are improvement of water supplies including investigation and obtaining of suitable sources, repair of damaged water distribution systems and chlorination of water where water distribution systems are not adequately repaired and intensification of general control of food and carrier sources.

Action has been initiated to provide for the production of benzyl benzoate to be used in the control of scabies. This medication is intended to supplement less efficacious German products which are available.

Reports of venereal disease civil sources and contacts of soldiers show the following cities to be of principal importance in the order named: Berlin, Nuremberg, Munich, Frankfurt, Giessen, Mannheim, Bamberg, Augsburg, Bremen and Marburg. During October special attention will be directed towards the venereal disease programs in these places. Throughout the zone added emphasis will be given to case finding and adequate treatment of cases. To reduce the reservoir of gonorrhea, the War Department will be requested to provide penicillin for the treatment of gonorrhea cases in detention hospitals.

Measures necessary for the control of tuberculosis have been defined, including adequate reporting of cases, deaths and facilities for isolation treatment. German tuberculosis officers at Regierungsbezirk level are now being designated and given responsibility for reporting through proper channels.

The number of beds available for tuberculosis care is insufficient, but is slowly increasing, as beds are released by other agencies and repairs to damaged hospitals made. Immediate minimal objective of one bed per thousand population may be reached soon, except in Berlin, where there is a gross deficiency. It is now time for the civilian public health officers to initiate measures for a truly adequate number of beds for contagious cases, i.e., about two per thousand.

An immediate reduction in new cases and mortality is not to be anticipated. Tuberculosis is slowly manifesting itself and the needs for increase have already been laid in the period of war and collapse. Measures here outlined are being taken to stop further spread. With their accomplishment reduction in new cases will follow.

NUTRITION

A committee of the Directorate of Internal Affairs and Communications, Allied Control Authority, met on 10 September, 12 September, and 28 September 1945. The Committee agreed that before any long-range standard of rationing for the German population could be established, full details as to the present food resources in Germany should be obtained and studied. Further, details as to the rationing and food resources in other European countries would be needed, in order that the standard of living finally set for Germany would not exceed the standards of living of these other European countries. This principle had been so ruled by the Potsdam Agreement. Accordingly telegrams were sent to European countries requesting information on rationing and food resources. Further action by the Committee must await the collection of such information.

Table XI lists caloric intakes during September as confirmed by physical examinations of more than 10000 German civilians. Table XII shows results of weighing of 46,620 German urban civilians in 27 cities. Caloric reserves no longer exist.

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Food intake continues below minimum health requirements with daily caloric deficiencies between 520 and 200 for normal consumers, 800 for moderate and 900 for heavy workers, 900 for pregnant and nursing women, up to 400 for children 3 to 9 years old and 700 to 1000 for those over 10 years. One to five percent protein deficiency is present in all categories, worst for pregnant and nursing women who have no deficiency of riboflavin found in one to 13 percent of all other categories. Calcium and riboflavin deficiencies in Berlin are severe. Niacin deficiency exists in one to four percent, vitamin C in 0.3 to eleven percent, Vitamin A in 1.5 to eight percent. No thiamin deficiency was encountered. Although effects of deficiencies are cumulative they are often not apparent. Nevertheless, aggressive and positive recommendations have continued to be stressed to food supply authorities in an effort to prevent appearance of actual starvation.

✓ SANITATION

With almost every community of 5,000 population or more depending upon ground water sources there are still 23 cities of over 25,000 population with damaged water distribution systems. Chlorination has been established in 24 cities and a part of Stuttgart. Laboratory analysis of distributed water continues inadequate although improvement is being sought and obtained. For example, RB Schwaben has established laboratories in four cities in lieu of others no longer available because of lack of necessary facilities and transport.

Effects of housing shortage, degree of crowding, numbers of buildings repairable if means are available therefor and improvement that can be obtained by such repairs are all under current study. The health implications can be determined only when the physical data has been reviewed.

Lack of fuel continues to be a major limiting factor in providing individual hygiene. Regensburg, Heidelberg, Wiesbaden and Bremen are known to be able to provide public baths at this time.

Λ LABORATORIES AND RESEARCH

Distribution and status of 30 functioning diagnostic laboratories is shown in Table XIII. This is a gain of 21 laboratories during September. The major obstacle to adequate service is inadequate transport.

SECTION III

MEDICAL AFFAIRS

✓ MEDICAL EDUCATION

* Two medical schools have reopened for refresher courses at Heidelberg and Marburg, with 336 and 160 students, respectively and 13 and 17 faculty members, respectively. It is hoped that these schools may be able to reopen for regular courses in November, but adequate politically acceptable faculties appear improbable at this time.

Λ MEDICAL PRACTICE AND LICENSURE

Licensing and Practice are controlled as shown in Table XIV.

✓ DENTAL AFFAIRS

Dental equipment and supplies are in short supply. These consist of dental engines, chairs, handpieces, mercury, silver alloy, plaster of paris, acrylic resins and porcelain teeth. The shortages hamper prosthetic service. A preliminary survey by UNRRA of centers in Bavaria housing 13,440 Jews shows routine dental care to be available to all.

Λ NURSING AFFAIRS

Hospital nurses are not excessive in number as reported previously. The dis-

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tribution varies from one nurse to four and one half hospital beds (Frankfurt) to one nurse to nine hospital beds (Rbg. Darmstadt and Kassel). The latter distribution represents definitely a shortage of trained nurses for civilian hospitals which also has been confirmed by expressed local opinions. The student nurses number between six percent (Mainfranken) and 27 percent (Bremen) of the trained hospital nurses. Nurses aides have been used especially in Oberbayern, Mittelfranken, Kurhessen and Wuerttemberg to complement the nursing staffs. If all three groups are considered together, the distribution ranges between one nurse for three hospitals beds (Wuerttemberg) to one nurse for nine hospital beds (Darmstadt). It is obvious that the latter is insufficient. Current information on the number of Mutterhaeuser and their memberships is too inaccurate to be of value.

The number of medical social workers in the surveyed area range from one to 5,000 population (Oberbayern) to one to 10,000 population (Kassel). Since the previous German minimum standard was one medical social worker for every 5,000 population, it can be stated that a serious shortage exists in trained medical social workers throughout the United States occupied Zone. This has been stressed also in numerous statements by German public health doctors (Amtsaerzte) and is the reason why all public health welfare work (Gesundheitsfuersorge) has been reduced to a minimum in most German public health offices. The condition is aggravated by the fact that most medical social service workers now in office are either old or undernourished and that all lack transportation. For this reason specialization of medical social service workers into nurses for tuberculosis work, infant work, vaccinations, and maternity care had to be abandoned in many cities and that now the medical social workers do all work according to regional areas (Bezirksfuersorgerin). Clinics for tuberculosis, venereal disease and child care have been established under the direction of German public health offices in all regions. However, due to the facts stated above, they are operated on a much reduced and in many cases insufficient basis.

Denazification of auxiliary medical personnel has been made a special responsibility of the American Public Health nurses. Fragebogen have been distributed and are now in the process of being collected and vetted. The hospitals in many cities (Frankfurt, Darmstadt, Offenbach) have already been denazified as far as the nurses staff is concerned. The process of denazification is slower in some areas due to overwork in the special branch division of the Military Government detachments. It is expected that denazification of nursing personnel will be slow.

GERMAN CIVILIAN VOLUNTARY AGENCIES

The German Red Cross is being permitted to reorganize locally. Owing to the degree to which Nazi influence permeated this organization, its reestablishment on other than a local basis is not now practicable.

SECTION IV

VETERINARY AFFAIRS

GERMAN VETERINARY PERSONNEL

Land Wuerttemberg has an acceptable veterinarian appointed and sufficient veterinarians for normal needs. There are 24 vacant official positions in the Eastern District due to lack of acceptable and suitable personnel.

In the Eastern District a Veterinary short course given by approved faculty members of the Veterinary College, Munich, will open at Munich on 15 October 1945, to instruct newly authorized Veterinarians in their official responsibilities.

A major problem in operations is due to availability of only about 25 percent of sufficient motor fuel to aid personnel in carrying out effective disease control programs.

ANIMAL DISEASE CONTROL

Incidence of communicable animal disease is recorded by Table XV.

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Control measures for all of these diseases are satisfactory. .Hog Cholera Serum, obtained from the British Zone by the Behringwerke in Marburg, was distributed to the areas of infection. Quarantine has been difficult to enforce due to the promiscuous movements of the remnants of the Hungarian Army in the area of infection.

Swine erysipelas biologics are being produced at Marburg and the demands for these products have been satisfactorily met in the areas of infection. Immunization and quarantine are effectively preventing the spread of this disease. Difficulties are being encountered in Reg. Neiderbayern because of the Hungarian Army. In many instances pigs with cholera or erysipelas are being slaughtered as a control measure. The carcasses are being used for human consumption, following proper inspection and processing.

Plans have been made in Bavaria to begin testing all horses for glanders about 1 November 1945. In Land Wurtemberg the Tierarzte were ordered to examine all equines for glanders. The Military Government Detachments were notified and requested to give assistance where needed. Plans have been made to do a mallein and compliment-fixation test on all equines in that area. Sufficient mallein is on hand and arrangements have been made to obtain the necessary material from Behringwerke for 40,000 laboratory tests.

Plans have been made in Land Hessen to mallein test all equines which were released from the Wehrmacht. These animals are being located and mallein provided for these tests.

All animals in which glanders has been diagnosed have been slaughtered and proper disposal made of the infected carcasses.

In the areas where scabies is prevalent, gas chambers are set up for the treatment of the infected animals.

The other diseases listed are being controlled by quarantine and slaughter of infected animals. With the exception of hog cholera, glanders and fowlpest the diseases are endemic for the areas. The reported incidence to date does not appear abnormal. The incidence of swine erysipelas is considered by German officials to be low in view of the fact that the spring vaccination program was not carried out because of the advancing armies.

MEAT AND DAIRY PRODUCTS

Details of the inspections and activities of slaughterhouses are not available at this time.

Pasteurization of milk is being effectively carried on in all dairy plants on which Military Government has information. Recently fuel, although limited, has become available for these processes. The following number of pasteurization plants are in operation in the districts indicated: RB Kassel - 11; Land Hessen - 43; Land Wuerttemberg - 20; RB Mittelfranken - 5; RB Mainfranken - 17. Information is not available from the remaining five Regierungsbezirke. All plants have not been inspected by the Veterinary Officers but the German authorities report that the facilities for pasteurization are adequate and are functioning effectively. There is a lack or absence of cleaning and disinfecting material in these establishments. Handling of pasteurized milk during distribution is unsatisfactory. Proper bottles and containers are not available and most milk is distributed in five or ten gallon cans. It is either poured or dipped from these cans when dispensed to the customers.

VETERINARY LABORATORIES AND RESEARCH

Veterinary laboratories are operating in the following places: Kassel and Marburg in RB Kassel; Darmstadt and Geissen in Land Hessen; Frankfurt in RB Weissenbaden; Heidelberg in Land Baden; Stuttgart in Land Wuerttemberg; Schleissheim in RB Oberbayern; Erlangen and Nuremberg in RB Mittelfranken.

Six of these laboratories were opened during the month and are operating effectively although limited by lack of transportation for submission of specimens. Information on the amount of work being done is not available at present. Following

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is a report of tests made in Schleissheim and Nurnberg during the month of August:

Veterinary Police Institute at Schleissheim

Animal Disease:

Blackleg (1) incomplete
Rabies (1) negative
Glanders (3) 2 positive and 1 negative
Infectious Eq. anemia (2) 1 positive and 1 negative
Borna's disease (2) 1 positive and 1 negative
Paratyphus abortus horse (3) 3 positive
Swine influenza (3) 3 positive
Fowl tuberculosis (2) 2 positive
Internal parasites (5)
Blackhead (1) 1 positive

Food examinations:

Bacteriological examinations (12) 8 positive 4 negative
Sample to determine kind of meat (1)
Milk samples (6) negative for tuberculosis and paratuberculosis

Veterinary Research Institute in Nurnberg

Animal disease:

Rabies (1) negative
Fowlpest (2) 1 positive 1 suspicious
Bang's disease (11) 3 positive 8 negative

Food examinations

Tests, meat edible (35)
Milk samples (18) 18 Bang's positive

BIOLOGICAL CONTROL

All biologics needed during the month were obtained and distributed through civilian supply channels. At present all biologics needed, with two exceptions, are being produced within the Zone in quantities adequate to meet the needs which can be foreseen for the Zone. There are no facilities in the United States Zone for the production of biologics to be used against foot and mouth disease and hog cholera. Action is being taken by the Behringwerke to produce foot and mouth disease vaccine. Production will not be available within six months. Hog cholera serum was obtained from the British Zone. There is in storage in the Behringwerke a reserve of serum to be used in the United States Zone in the event of new outbreaks of this disease.

Arrangements have been made with Behringwerke to produce needed diagnostic material for use in the recently reestablished diagnostic laboratories.

Action is being taken to reestablish the production of biologics needed in the control of Borna's disease in horses. These products are now produced in limited quantities in the laboratories at Giessen and Schleissheim.

Dourine in horses has been reported as prevalent in the Northwestern part of Italy. Steps are being taken to maintain information on the incidence and progress of this disease in the infected areas and also to obtain the necessary diagnostic material and biologics needed for its control.

SECTION V

MEDICAL SUPPLY

Estimates of requirements for civilians are difficult to project. The former trade channels have been insufficiently reestablished for the trade to adapt resources to requirements, as a result medical people are uncertain whether to list requirements for provisions from normally expected trade stocks, future German production or emergency issues from United States Stocks pending German production.

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Storage and distribution by civilian agencies are being rapidly reestablished. This should aid in establishing firm requirements.

There have been no essential needs for medical supplies which could not be delivered upon properly authorized requisition. There have been no marked advances in actual German production during September. Instructions were issued to German authorities to develop means for producing penicillin but no output can be anticipated within six months. When production is satisfactory reduction in the gonorrhea rate among civilians and United States forces should result

SECTION VI

DISPLACED PERSONS AND REFUGEES

MEDICAL CARE IN CENTERS

UNRRA, planning to furnish medical service in displaced persons centers, has completed studies as to medical personnel required. The findings are shown in Table XVI. At present UNRRA has 50 ambulances in the Western District, none in the Eastern District and has on requisition 225 to be provided from military sources, 200 to be employed in the Eastern District.

ENVIRONMENTAL SANITATION

Two public health engineers are conducting routine conferences in the Displaced Persons centers in the Western Military District. One of the officers is from the Medical Detachment, the other in an UNRRA officer attached to the Medical Detachment.

Conditions found during the month of September were:

- a. In general, the condition of housing and grounds was satisfactory from an environmental sanitation viewpoint.
- b. Toilet sanitation, garbage storage and disposal were unsatisfactory. Infestation of barracks by vermin and bed bugs was common.
- c. Washing, bathing and laundry facilities were inadequate.
- d. Chlorinating of water supplies was not usual.
- e. Winterizing and repairing of billets was greatly retarded through lack of material.
- f. Soap was short in many camps but this was due to lack of knowledge on the part of the center administrative personnel as to requisitioning procedure. A letter outlining requisitioning procedure is being sent to all centers and military government detachments responsible for center supervision. This should alleviate this condition.
- g. No serious overcrowding was noted in living quarters using the standards suggested in, "Guide to the Care of Displaced Persons in Germany".
- h. DDT was available and was being used.

Supervision of Displaced Persons Centers in Bavaria continues to be done by tactical units.

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TABLE I
DISTRIBUTION OF
MILITARY GOVERNMENT MEDICAL PERSONNEL
UNITED STATES ZONE OF GERMANY
(1 October 1945)

Area and Personnel Category	Total	Medical Corps	Sanitary Corps	Veterinary Corps	Medical Administrative Corps	Army Nurse Corps	Other
TOTAL	145	39	29	9	24	44	
EASTERN MILITARY DISTRICT	62	17	12	5	7	21	
Mainfranken	11	3	2	1	2	3	
Oberfranken und Mittelfranken	12	3	3	1	1	4	
Nieder Bayern und Oberpfalz	12	3	2	1	1	5	
Schwaben	9	3	2	0	1	3	
Oberbayern	12	3	2	1	1	5	
Regional Team	6	2	1	1	1	1	
WESTERN MILITARY DISTRICT	78	21	16	4	16	21	
Headquarters	13	4	2	1	5	1	
Land Greater Hessen	10	2	2	1	1	4	
RB Kassel	5	1	2	0	2		
RB Wiesbaden and Frankfurt	7	2	2	0	3		
RB Hessen	6	2	2	1	1		
Land Wurttemberg-Baden	21	3	2	1	1	14	
Baden Section	10	5	3	0	2		
Bremen Enclave	6	2	1	0	1	2	
BERLIN DISTRICT (UNITED STATES SECTOR)	5	1	1	0	1	2	

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TABLE II
SHORTAGES OF MEDICAL MEANS
MILITARY GOVERNMENT OF UNITED STATES ZONE
(1 October 1945)

Areas and Category of Means	Mil Government Med Personnel	Mil Government Passenger Vehicles	Mil Government Cargo Vehicles	German Med Personnel	German Passenger Vehicles	German Cargo Vehicles	German Motor Fuel
TOTAL	7 MC	18 C & R Cars 15 Jeeps 20 Staff Cars	General	None	General	General	General
EASTERN MILITARY DISTRICT	5	Shortage					
Mainfranken	Short 1 MC	3 C&R Cars	Yes	No	Yes	Yes	Yes
Oberfranken und Mittelfranken	Short 1 MC	3 C&R Cars	Yes	No	Yes	Yes	Yes
Nieder Bayern und Oberpfalz	Short 1 MC	3 C&R Cars	Yes	No	Yes	Yes	Yes
Schwaben	Short 1 MC	3 C&R Cars	Yes	No	Yes	Yes	Yes
Oberbayern	Short 1 MC	3 C&R Cars	Yes	No	Yes	Yes	Yes
Regional Team	None	3 C&R Cars					
WESTERN MILITARY DISTRICT							
Land Greater Hessen	None	10 Sedans	No	No	Yes	Yes	Yes
RB Kassel							
RB Wiesbaden							
RB Hessen							
Land Wurttemberg-Baden	None	7 Sedans	No	No	Yes	Yes	Yes
Baden Section							
Wurttemberg Section							
Bremen Enclave	None	3 Sedans	Yes	No	Yes	Yes	Yes
BERLIN DISTRICT (UNITED STATES SECTOR)	2 MC	No	Yes	No	Yes	Yes	Yes

TABLE III
DISTRIBUTION OF GERMAN CIVILIAN MEDICAL PERSONNEL
UNITED STATES ZONE
(1 October 1945)

Area and Category of Personnel	Physicians	Nurses	Dentists	Midwives	Pharmacists	Sanitary Inspectors	Veterin- arians	Others
TOTAL	7,020	15,598	2,836	2,761	1,627	788	632	
EASTERN MILITARY DISTRICT								
Mainfranken	3,244	7,298	1,153	1,243	532	293	397	
Oberfranken und Mittelfranken	271	657	78	132	142	8	71	
Nieder Bayern und Oberpfalz	685	2,826	357	486	129	156	55	
Schwaben	101		121	36	104	13	66	
Oberbayern	319	630	95	166	88	7	85	
	1,868	3,185	502	423	69	109	120	
WESTERN MILITARY DISTRICT								
Land Greater Hessen	3,082	7,268	1,546	1,420	898	135	235	
RB Kassel	-	-	-	-	-	-	-	
RB Wiesbaden	581	849	178	325	206	-	70	
RB Hessen	-	-	-	-	-	-	-	
Land Wurttemberg-Baden								
Baden Section	566	1,569	236	391	152	0	23	
Wurttemberg Section	1,460	3,600	732	669	390	115	117	
Bremen Enclave	475	1,250	400	35	150	20	25	
BERLIN DISTRICT (UNITED STATES SECTOR)	694	1,032	137	98	197	360	-	
		plus 173 Student Nurses				(Public Health Personnel)	Technicians Lab. & Dental	360
RATIO: Number people served by each individual:								
UNITED STATES ZONE	2,170	977	5,371	5,517	9,363	19,332		
BERLIN	1,200	800	3,400					

TABLE IV
STATUS OF DENAZIFICATION
UNITED STATES ZONE
(1 October 1945)

Areas and Categories of Nazis Removed	Physicians	Nurses	Dentists	Midwives	Pharmacists	Sanitary Inspectors	Veterin- arians	Others
TOTAL (Numbers removed)	538	476		130		45	80	
EASTERN MILITARY DISTRICT	268	476		130		45	20	
Mainfranken	30	61		12		7	8	
Oberfranken und Mittelfranken	71	113		35		10	21	
Nieder Bayern und Oberpfalz	51	97		23		12	17	
Schwaben	32	71		18		5	8	
Oberbayern	24	134		42		11	26	
WESTERN MILITARY DISTRICT	270							
Land Greater Hessen								
RB Kassel	35							
RB Wiesbaden	14							
RB Hessen	141							
Land Wurttemberg-Baden								
Baden Section								
Wurttemberg Section								
Bremen Enclave	20							
BERLIN DISTRICT (UNITED STATES SECTOR)								

Denazification accomplished by Russians prior to entry of United States forces into Berlin
Re-survey in progress.

MEDICAL AND HEALTH AFFAIRS

TABLE V
GENERAL ESTIMATE OF PROGRESS OF DENAZIFICATION
UNITED STATES ZONE
(1 October 1945)

Area and Category of Function	Public Health officers	Hospital Service	Private Practice
EASTERN MILITARY DISTRICT			
Mainfranken	80%	50% complete	Vetting in Prog.
Oberfranken und Mittelfranken	80%	complete in large cities	In progress
Nieder Bayern und Oberpfalz	93%	All city hospital	all dr vetted many temp licons.
Schwaben	95%	Vetting in progress	Vet. in prog. temp lic. issued
Oberbayern	90%	All City Hosp.	All dr vetted, many removed
WESTERN MILITARY DISTRICT			
Land Greater Hessen			
RB Kassel	95%	50% completed	Vetting in prog.
RB Wiesbaden	95%	about 80% Complete	Vetting started
Darmstadt	70%	vetting still in progress	nothing done
Frankfurt A/M	100%	all completed	all dr vetted completed
Wurttemberg	90%	50% completed	all dr being vetted
Baden			
Karlsruho	100%	all but 4 hosp. denazified	nothing done
Mannheim	60%	slow due to local resistance	nothing done
Bremen Enclave	100%	about 80% complete	vetting in progress
BERLIN DISTRICT (UNITED STATES SECTOR)			
	100%	in progress	in progress

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MEDICAL AND HEALTH AFFAIRS

TABLE VI
ESTIMATE OF GERMAN HEALTH SUPERVISORS
UNITED STATES ZONE
(1 October 1945)

Area and Estimate	Name	Political	Professional	Personal	Retain
		Estimate	Estimate	Estimate	in Office
LAND BAVARIA(EAST MIL.D)	Prof Seyforth	Excellent	Very good	Cooperative	Yes
Mainfranken	Dr Dongos	Fair	Fair	energetic	
Oberfranken und	Dr Krause	Excellent	Very Good	Cooperative	Temp.
Mittelfranken				energetic	
Nieder Bayern und	Dr Purkauer	Excellent	Excellent	Not.Coop.	No
Oberpfalz				Too old	
Schwaben	Dr Schaeffer	Fair	Fair	Cooperative	Yes
Oberbayern	Dr Annacker	Excellent	Very Good	Energetic	
				Cooperative	Yes
				Organizor	
WESTERN MILITARY DISTRICT		NOT YET APPOINTED			
Land Greater Hessen	Prof Trigalski	Excellent	Excellent	Cooperative	Yes
RB Kassel	Prof Trigalski	Excellent	Excellent	Too busy	
RB Wiesbaden	Dr Gronemann	Fair	Excellent	Cooperative	Yes
Darmstadt	Dr Vix	Excellent	Excellent	Energetic	
Frankfurt A/M	Dr Schlosser	Excellent	Excellent	Cooperative	Temp.
Land Wuerttemberg	Dr Gerlach	Excellent	Excellent	A bit too slow	
Karlsruhe	Dr Geiger	Excellent	Fair	Not. Coop.	No
Mannheim	Dr Hannecker	Good	Good	Too Old	
Bremen Enclave	Dr Stado	Excellent	Excellent	Cooperative	Yes
BERLIN DISTRICT	Dr Raedecker	Excellent	Excellent	Too Old	
(UNITED STATES SECTOR)				Lacks drive	Yes
				Too Slow	Temp.
				Cooperative	Temp.
				energetic	
				Excellent	Yes

SEPTEMBER 1945

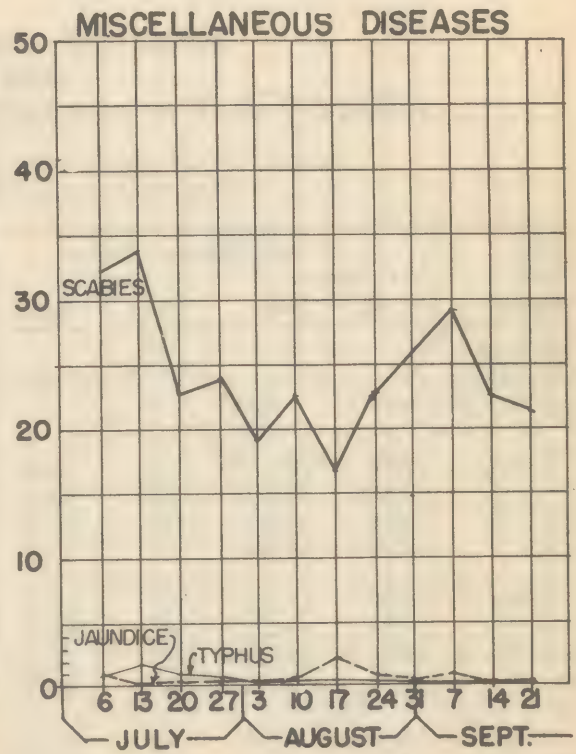
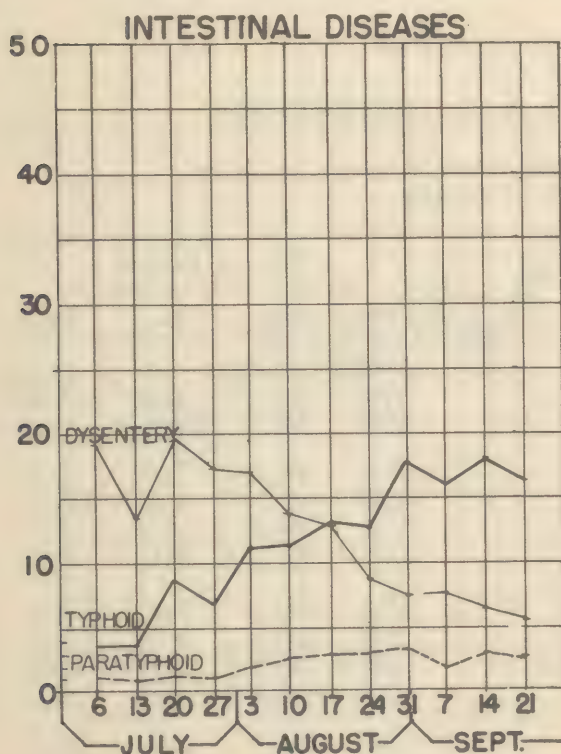
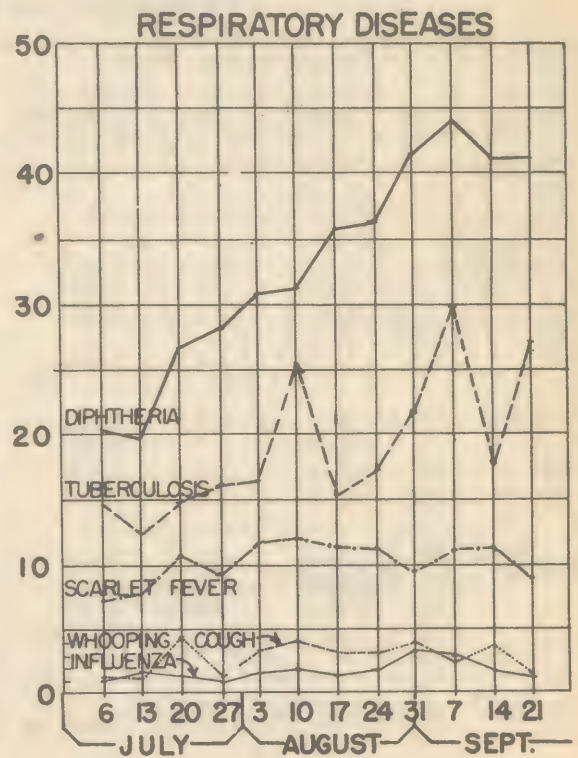
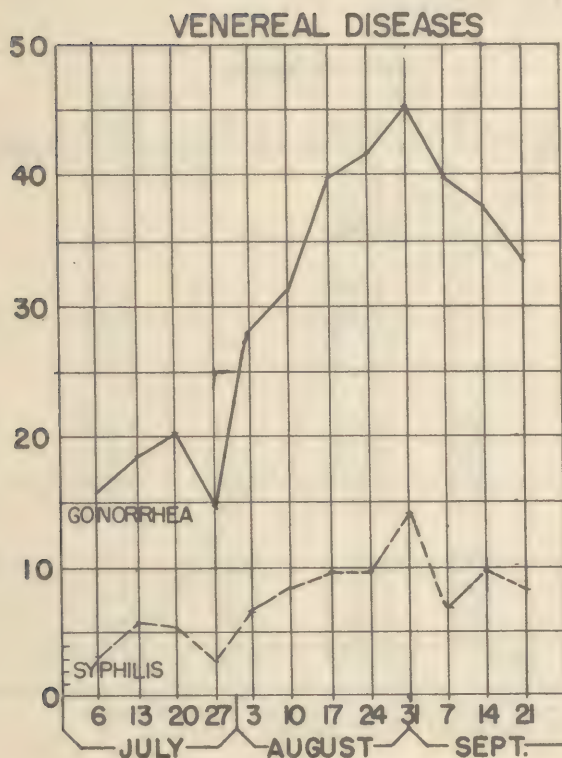
TABLE VII
ESTIMATED QUALIFICATIONS OF GERMAN HEALTH OFFICIALS
UNITED STATES ZONE
(1 October 1945)

Region and Numbers	Kreise	Satisfactory Officials	Politically Unsatisfactory Officials	Professionally Unsatisfactory Officials	Unavailable Officials	Discharged During Sept	Appointed During Sept
LAND BAVARIA (EAST. MIL. D)	146	115	14	9	8	26	36
Mainfranken	22	13	4	5	0	3	8
Oberfranken und Mittelfranken	34	27	3	0	4	6	7
Nieder Bayern und Oberpfalz	42	33	4	3	2	5	6
Schwaben	21	18	2	1	0	4	6
Oberbayern	27	24	1	0	2	8	9
WESTERN MILITARY DISTRICT	78	56	9	9	4	17	17
Land Greeter Hessen	44	32	5	4	3	8	7
RB Kassel	17	14	1	2	0	2	4
RB Wiesbaden	15	12	1	2	0	3	3
Darmstadt	11	5	3	0	3	3	0
Frankfurt A/M	1	1	0	0	0	8	0
Land Wurttemberg	30	20	4	5	1	8	9
Stuttgart	20	14	2	4	0	4	5
Baden	4	2	0	1	1	2	2
Karlsruhe	6	4	0	0	0	2	2
Mannheim	4	4	0	0	0	1	1
Bremen Enclave							
BERLIN DISTRICT (UNITED STATES SECTOR)	6	3	0	3	0	2	2

TABLE VIII
COMMUNICABLE DISEASE RATES
FOR UNITED STATES ZONE OF GERMANY
EXPRESSED AS CASES PER 10,000 PERSONS ANNUALLY
(Estimated Population 15,233,752)

1945 Week Ending	Typhus Fever louse Borne	Diphtheria	Scarlet Fever	Tuberculosis Lung and Larynx	Tuberculosis other	Whooping Cough	Meningitis Meningococcus	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid Fever	Dysentery infectious	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Encephalitis epidemic	Malaria	Influenza	Measles	Mumps
8 June	3.95	15.20	7.56	12.03	.81	2.25	.30	.21	8.91	2.38	2.30	2.04	1.70	0.8	---	---	14.68	---	---	.34	.68	.89	.13
15 "	5.45	16.17	8.86	8.58	.87	1.86	.20	.12	5.58	2.53	3.16	.87	6.37	1.74	---	.80	9.61	---	.15	.20	2.41	1.34	.04
22 "	5.84	19.20	8.42	13.70	.87	2.28	.15	.34	10.17	3.15	4.14	1.75	7.09	.49	---	.15	16.81	---	.04	.53	3.07	.49	---
29 "	1.93	16.88	8.57	8.76	.83	1.06	.08	.04	9.86	1.82	1.78	.99	4.97	.38	---	.34	12.22	---	---	.04	.68	1.25	---
6 July	.72	20.29	7.21	13.98	.65	1.08	.14	.25	15.74	3.19	3.48	1.15	19.32	---	---	.79	32.37	---	.04	.86	.75	.65	.07
13 "	1.68	19.86	7.71	12.15	.29	1.18	.18	.25	18.78	5.88	3.91	.82	13.55	.79	---	.04	33.88	---	.07	.79	1.45	.72	---
20 "	.79	27.38	10.62	14.37	.61	4.37	.23	.55	20.14	5.33	8.74	1.30	19.56	.10	---	.07	22.63	---	---	.79	1.30	.48	---
27 "	.55	28.33	9.42	14.88	1.23	1.09	.34	.27	14.66	2.66	6.83	1.13	17.27	.17	---	.23	24.03	---	.07	.72	.65	.17	---
3 Aug.	.30	30.93	11.81	15.22	1.30	3.21	.27	.55	28.29	6.59	11.08	1.84	17.03	.44	---	.41	19.22	---	.20	.58	1.53	.85	.07
10 Aug.	.27	31.30	12.15	24.24	1.19	4.13	.24	.34	31.23	8.47	11.26	2.53	13.86	.07	.03	.51	22.51	---	.10	.72	1.95	.17	---
17 Aug.	.29	35.93	11.38	14.55	.55	3.08	.34	.67	39.85	9.87	13.03	2.87	12.73	---	.04	.02	16.63	---	.13	.88	1.26	.97	.17
24 "	.20	36.42	11.30	16.32	.99	3.07	.31	.31	41.64	9.86	12.63	2.63	8.88	.03	---	.75	22.73	---	.07	.85	1.60	.96	---
31 "	.39	41.56	9.62	21.70	2.07	3.75	.12	.47	45.04	14.27	17.83	3.01	7.54	.12	---	.44	14.79	---	.08	.59	3.17	1.17	---
7 Sept	.03	44.06	11.30	27.13	2.75	2.31	.11	.51	39.69	6.96	16.11	1.72	7.62	.11	---	.98	29.36	---	.77	.297	.27	.07	---
14 "	.03	41.09	11.33	17.21	.77	3.55	.29	.49	37.70	9.77	18.03	2.82	6.42	---	---	1.27	22.45	---	.05	.57	1.68	.20	---
21 "	.19	41.10	8.90	25.08	2.10	1.52	.39	.19	33.48	8.20	16.45	2.45	5.52	.19	---	.27	21.31	---	.07	.27	1.17	.27	.04
AVE. for June, July & Aug.	26.41	9.62	15.26	.96	2.59	.23	.35	23.69	6.20	7.68	1.78	12.27	.35	---	.44	23.60	---	.07	.61	1.64	.77	---	---

INCIDENCE OF COMMUNICABLE DISEASES
United States Zone , Germany
(Provisional* Rate Per 10,000 Per Annum)



*REPORTS INCOMPLETE FOR WEEKS ENDING 17 & 31 AUGUST, 7, 14 & 21 SEPTEMBER.
RATE CALCULATED ON POPULATION OF REPORTING DISTRICTS ONLY.

SEPTEMBER 1945

MEDICAL AND HEALTH AFFAIRS

TABLE IX
Typhoid and Paratyphoid in City of Berlin

Annual Rates* per 10,000 population by weeks in United States Sector and City of Berlin

1945 Week Ending	United States Sector				City of Berlin			
	Cases		Deaths		Cases		Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
16 June					28	5.26	2	0.38
23 "					33	6.21	-	-
30 "					33	6.21	1	0.19
7 July	7	4.31	1	0.61	43	7.62	4	0.76
14 "	8	5.07	1	0.61	38	7.13	3	0.57
21 "	23	14.1	-	-	106	20.0	10	1.88
28 "	37	22.9	3	1.85	195	36.6	18	3.36
4 Aug	50	30.8	3	1.84	258	48.9	26	4.88
11 "	79	48.8	7	4.30	351	65.9	38	7.18
18 "	97	59.8	9	5.52	541	102.0	50	9.39
25 "	123	98.9	18	11.1	666	125.0	65	12.2
1 Sept	182	111.0	19	11.5	723	127.5	63	11.1
8 "	214	132.0	19	11.5	781	137.5	85	15.0
15 "	181	110.0	22	13.5	823	145.0	84	14.7
22 "	170	104.0	19	11.6	797	140.0	99	17.5

* Rates computed on populations based on the issue of food ration cards.

TABLE X
Dysentery in City of Berlin

Annual Rates* per 10,000 population by weeks in United States Sector and City of Berlin

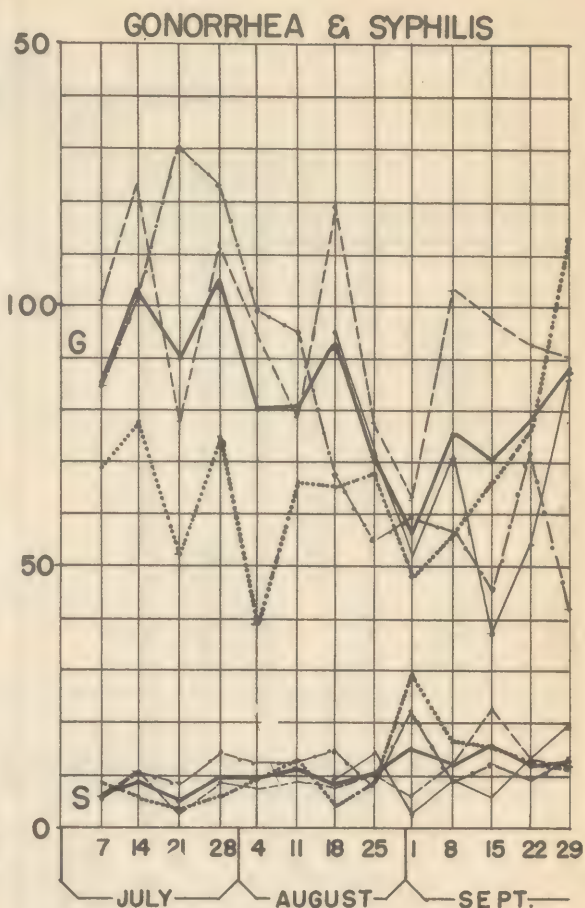
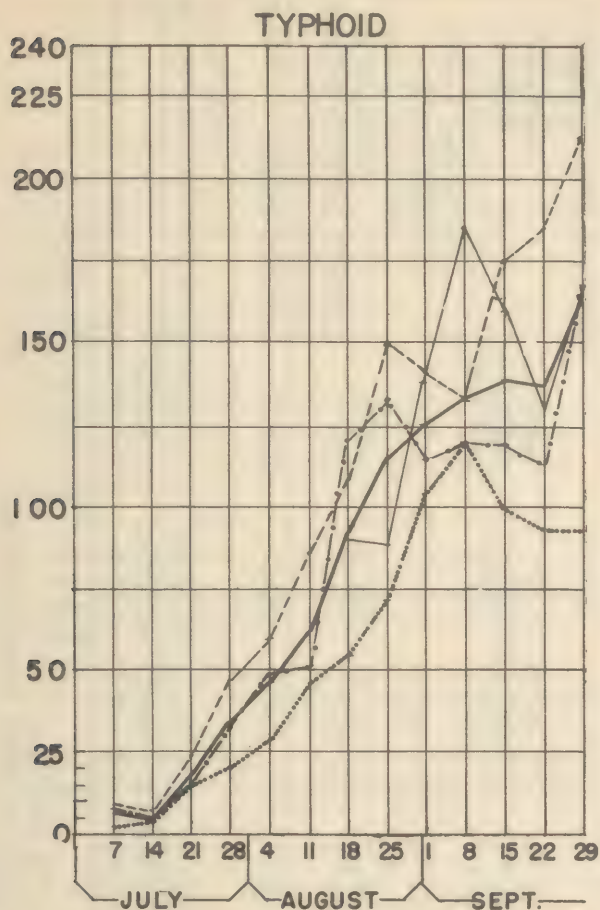
1945 Week Ending	United States Sector				City of Berlin			
	Cases		Deaths		Cases		Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
16 June					1001	192.2	60	11.26
23 "					1725	323.5	118	22.1
30 "					2584	485.0	187	35.0
7 July	462	284.2	75	46.0	2471	466.0	315	59.1
14 "	258	158.3	87	53.4	1908	358.0	330	61.8
21 "	226	138.7	73	44.8	1301	244.0	290	54.4
28 "	300	184.1	75	46.0	1229	230.4	231	43.3
4 Aug	240	147.2	55	33.8	1061	199.0	259	48.5
11 "	235	144.1	66	40.5	979	183.5	298	56.9
18 "	183	112.2	51	31.3	747	140.0	241	45.2
25 "	147	90.2	40	24.5	706	132.4	224	42.0
1 Sept	146	89.4	43	26.3	481	85.0	159	28.1
8 "	132	80.6	50	30.6	432	76.2	140	24.8
15 "	85	52.0	35	21.5	319	56.4	121	21.4
22 "	76	46.5	36	22.0	276	47.7	111	19.6

* Rates computed on populations based on the issue of food ration cards.

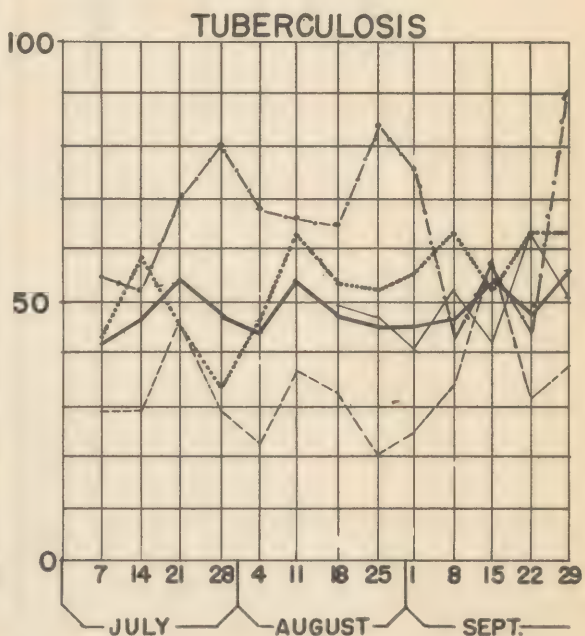
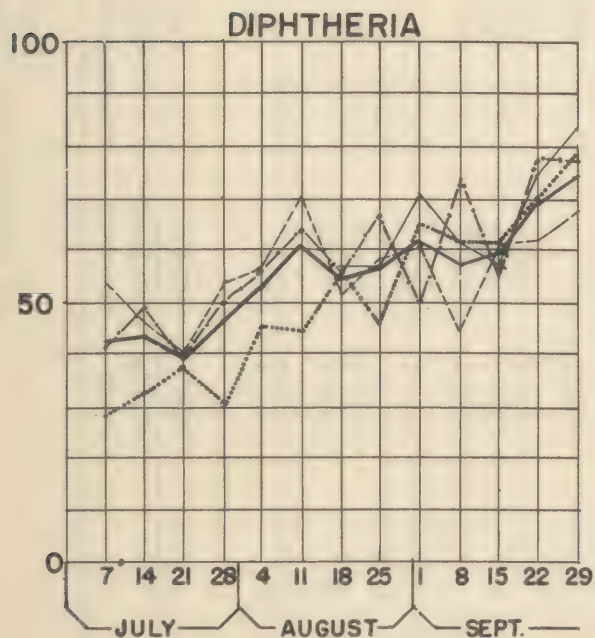
SEPTEMBER 1945

MEDICAL AND HEALTH AFFAIRS

INCIDENCE OF DISEASES AMONG BERLIN CIVILIANS



RATE PER 10,000 PER ANNUM



KEY

CITY OF BERLIN

AMERICAN
SECTOR

BRITISH
SECTOR

RUSSIAN
SECTOR

FRENCH
SECTOR

SEPTEMBER 1945

TABLE XI
CALORIC VALUE OF RATIONED FOOD, UNITED STATES ZONE, SEPTEMBER 1945
(10,000 Individuals studied.)

Area and Consumer Category	0 - 3 Years old	3 - 9 Years old	10 - 17 Years old	Normal Consumer	Pregnant/Nursing Women	Moderate Worker	Heavy Worker
Minimum consumption required for health.	1,000	1,500-2,000	2,700	2,000	2,700	2,700	3,200
Average reported ration	1,507	1,330	1,330	1,142	1,599	2,060	2,135
EASTERN MILITARY DISTRICT							
Mainfranken	1,507	1,330	1,330	1,142	1,397	2,060	2,040
Oberfranken und Mittelfranken	1,500	1,323	1,323	1,134	1,389	1,389	1,665
Nieder Bayern und Oberpfalz	1,538	1,361	1,361	1,172	1,428	1,428	1,703
Schwaben	1,500	1,323	1,323	1,134	1,389	1,389	1,665
Oberbayern	1,500	1,323	1,323	1,134	1,389	1,389	1,665
WESTERN MILITARY DISTRICT		1,650			1,800		2,230

Ration Categories	Official		Consumed
	Ration	Ration	
I Heavy workers and certain professional workers	2,486		2,047
II Moderate workers other than above	1,992		1,811
III Maintenance personnel, janitors, etc.	1,599		1,365
IV Children under 15 years old	1,384		1,290
V Remainder of population - non-employed	1,247		1,100

MEDICAL AND HEALTH AFFAIRS

TABLE XII
GERMAN CIVILIAN WEIGHTS IN POUNDS
(September 1945)*

	Age Group		
	20 - 39 Years	40 - 59 Years	over 60 Years
MALES			
Number weighed	8,884	8,632	4,922
Mean weight	142.7	140.3	133.1
Normal standard	148	152	153
Loss	5.3	11.7	19.9
Percent Deviation	-3.6	-7.7	-13.0
FEMALES			
Number weighed	11,119	8,716	4,347
Mean weight	123.9	123.3	115.7
Normal standard	128	137	136
Loss	4.1	13.7	20.3
Percent Deviation	-3.2	-10.0	-14.9

* Weights computed on basis of 46,620 adults weighed in 27 cities with total population of 1,745,031 ranging from 10,000 to 285,000 (all estimated).

SEPTEMBER 1945

TABLE XII
ESTIMATED STATUS OF DIAGNOSTIC LABORATORIES
UNITED STATES ZONE
(1 October 1945)

Area and Detail Laboratories	Number of State Laboratories	Number of Private Laboratories	Percent of Population Served	Quality Of Work	Immediate Needs			
					Personnel	Plant	Equipment	Transport
TOTAL	30	1						
EASTERN MILITARY DISTRICT 11								
Mainfranken	2	0	100%	Good	Yes	Yes	Yes	Yes
Oberfranken und Mittelfranken	2	0	100%	Good	Yes	Yes	Yes	Yes
Nieder Bayern und Oberpfalz	1	0	100%	Good	Yes	Yes	Yes	Yes
Schwaben	3	1	100%	Good	Yes	Yes	Yes	Yes
Oberbayern	3	0	100%	Good	Yes	Yes	Yes	Yes
WESTERN MILITARY DISTRICT 11								
Land Greater Hessen								
FH Kassel	1	?	?	Good	Adequate	Adequate	Adequate	Inadequate
RB Wiesbaden	1	?	?	Good	Adequate	Adequate	Adequate	Inadequate
RB Hessen	3		100%	?	Inadequate	Inadequate	Inadequate	Inadequate
Land Württemberg-Baden								
Baden Section	2		100%	Adequate	Adequate	Adequate	Adequate	Adequate
Württemberg Section	2		100%	Adequate	Adequate	Adequate	Adequate	Adequate
Bremen Enclave	2		100%	Adequate	Adequate	Inadequate	Adequate	Adequate
BERLIN DISTRICT (UNITED STATES SECTOR)								
	8	0	100%	Good	Yes	Yes	Yes	Yes

MEDICAL AND HEALTH AFFAIRS

TABLE XIV
MEDICAL LICENSING AND CONTROL OF PRACTICE
UNITED STATES ZONE
(1 October 1945)

Area and Detail	Licenseed to Practice Con- trolled by:	Medical Practice of Germans Con- trolled by:	License and Control for Displaced Persons by:
EASTERN MILITARY DISTRICT			
Mainfranken Oberfranken und Mittelfranken Nieder Bayern und Oberpfalz Schwaben Oberbayern	Dept. of Education and Minister of Interior	Reich Aerztekammer	Military Government
WESTERN MILITARY DISTRICT			
Land Greater Hesse			
RB Kassel	Board of Doctors		
RB Wiesbaden	Committee of Aerztekammer	Reich Aerztekammer	Military
RB Hessen			Government
Land Wuerttemberg	Dept. of Educa- tion, (newly formed)		
Section			
Baden Section	North Baden, PH director		
Wuerttemberg Section	Land PH Phys. & Bd. of doctors.		
Bremen Enclave			
BERLIN DISTRICT (UNITED STATES SECTOR)			
	Hauptgesundheits- amt Berlin	Hauptgesundheits- amt Berlin	Hauptgesund- heitsamt Berlin

SEPTEMBER 1945

TABLE XV
INCIDENCE OF COMMUNICABLE ANIMAL DISEASE
UNITED STATES ZONE
(1 October 1945)

Area	Diseases	Hog Cholera	Swine Erysipelas	Glanders	Equino Anemia	Fowlpest	Fowl Cholera	Scabies Horse	Scabies Cheep	Ulcerative Lymphadenitis
TOTAL NUMBER OF FARMS INFECTED		60	310	7	14	94	1	400	3	1
EASTERN MILITARY DISTRICT		59	151	6	14	94		384	13	
Mainfranken			20			•		108		
Oberfranken und Mittelfranken										
Nieder Bayern und Oberpfalz		58	56		2	28		61		
Schwaben			67		9		1	150	5	
Oberbayern		1	18	2	3	66		65	8	
WESTERN MILITARY DISTRICT		1	149	1				16		1
Land Greater Hessen										
RB Kassel										
RB Wiesbaden										
RB Hessen										
Land Wurttemberg-Baden										
Baden Section		1	79							
Wurttemberg Section			70	1				16		1
Bremen Enclave										

MEDICAL AND HEALTH AFFAIRS

TABLE XVI
STATUS OF UNRRA MEDICAL PERSONNEL
UNITED STATES ZONE
(1 October 1945)

Area	PHYSICIANS			NURSES			DENTISTS			Sanitary Engineer UNRRA
	Total	UNRRA	DP*	Total	UNRRA	DP*	Total	UNRRA	DP*	
TOTAL	317	132	185	271	155	116	44		44	2
EASTERN MILITARY DISTRICT		69	-		78	-				1
WESTERN MILITARY DISTRICT		61	-		74	-				1
BERLIN DISTRICT (UNITED STATES SECTOR)		2			3	1				
SHORTAGES UNITED STATES ZONE	20	20					2			0
* Not vetted										

SEPTEMBER 1945

MONTHLY REPORT OF THE MILITARY GOVERNOR
U. S. Zone of Germany

20 October 1945

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- 75 Civil Affairs Division, War Department.
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 - 2 Chief of Staff.
 - 2 ACOS, G-1.
 - 2 ACOS, G-2.
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- 2 Commander of Naval Forces in Germany.
- 1 Mission for Economic Affairs, US Embassy in Great Britain.
- 3 US Headquarters, Berlin District.

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IN

U. S. DEPT. OF DEFENSE

1945 NOV 9

PM 6:17

20 October 1945

MEMORANDUM FOR

The Military Government of Japan (MGJ)

Office of Military Government for Japan (OMGJ)

1. The MGJ is composed of the following:

- a. The MGJ Headquarters (MGJHQ) - 1000 personnel
- b. The MGJ Regional Offices (MGJRO) - 100 personnel
- c. The MGJ District Offices (MGJDO) - 100 personnel
- d. The MGJ Local Offices (MGJLO) - 100 personnel
- e. The MGJ Special Offices (MGJSO) - 100 personnel

2. The MGJ is organized as follows:

a. The MGJ Headquarters (MGJHQ) - 1000 personnel

b. The MGJ Regional Offices (MGJRO) - 100 personnel

c. The MGJ District Offices (MGJDO) - 100 personnel

d. The MGJ Local Offices (MGJLO) - 100 personnel

e. The MGJ Special Offices (MGJSO) - 100 personnel

f. The MGJ Special Offices (MGJSO) - 100 personnel

g. The MGJ Special Offices (MGJSO) - 100 personnel

h. The MGJ Special Offices (MGJSO) - 100 personnel

i. The MGJ Special Offices (MGJSO) - 100 personnel

j. The MGJ Special Offices (MGJSO) - 100 personnel

k. The MGJ Special Offices (MGJSO) - 100 personnel

l. The MGJ Special Offices (MGJSO) - 100 personnel

m. The MGJ Special Offices (MGJSO) - 100 personnel

n. The MGJ Special Offices (MGJSO) - 100 personnel

o. The MGJ Special Offices (MGJSO) - 100 personnel

p. The MGJ Special Offices (MGJSO) - 100 personnel

q. The MGJ Special Offices (MGJSO) - 100 personnel

r. The MGJ Special Offices (MGJSO) - 100 personnel